


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES	Docket Number (Optional) Boer 8-28-6-6								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on _____. Signature _____ Typed or printed name _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Boer et al.</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Application Number 10/672,657</td> <td style="width: 50%; padding: 5px;">Filed September 26, 2003</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For Method and Apparatus for Detecting a Collision in a Carrier Sense Multiple Access Wireless System</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit 2464</td> <td style="padding: 5px;">Examiner Pawaris Sinkantarakorn</td> </tr> </table>	In re Application of Boer et al.		Application Number 10/672,657	Filed September 26, 2003	For Method and Apparatus for Detecting a Collision in a Carrier Sense Multiple Access Wireless System		Group Art Unit 2464	Examiner Pawaris Sinkantarakorn
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Group Art Unit 2464	Examiner Pawaris Sinkantarakorn								
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.									
The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>540.00</u>									
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____									
<input type="checkbox"/> A check in the amount of the fee is enclosed.									
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.									
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.									
<input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0762</u> . I have enclosed a duplicate copy of this sheet.									
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
I am the									
<input type="checkbox"/> applicant/inventor.	 _____ Signature								
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
<input checked="" type="checkbox"/> attorney or agent of record.	<u>Kevin M. Mason</u> _____ Typed or printed name								
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____	<u>May 24, 2010</u> _____ Date								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
<input type="checkbox"/> *Total of _____ forms are submitted.									